

# 2017 LICENCE FORM



The completeness and accuracy of this submission, helps to improve Athletics South Africa's service to you.

Athlete	Coach	Tech Off	
Track&Field	Cross Country	Road Running	Race Walking

**Your Details (Please tick where applicable)**

**Surname** [Grid] **Title (Mr/Ms/Dr etc)** [Grid]

**First Name** [Grid] **Initials** [Grid]

**Type of Document** ID Document  Birth Certificate  Passport  Refugee Permit

[Grid] - [Grid] - [Grid] Please enter the relevant number

**Licence Number (2016)** [Grid] **Licence Number (2017)** [Grid] **ASA Province** [Grid]

**Club Name (in full)** [Grid]

**Gender:** Male  Female  **Date of Birth (YYYY-MM-DD)** [Grid] - [Grid] - [Grid]

**Residential Address - Domicilium Rule**  
[Grid]  
Code [Grid]

**Postal Address**  
[Grid]  
Code [Grid]

**Tel Code** [Grid] - **Tel Number (Home)** [Grid] **Tel Code** [Grid] - **Tel Number (Work)** [Grid]

**Cell Phone Number** [Grid] - [Grid]

**E-mail Address** [Grid]

**Demographics**  
 Black  Coloured  Indian  White

**Occupation** [Grid]

I declare that I am a bona fide athlete/coach/technical official. I confirm that all the information provided on this application is true and correct. I subject myself to the rules and regulations of Athletics South Africa and the IAAF, and I undertake not to compete in any track event, road race, cross country event, race walking event or fun run which is not sanctioned by the provincial athletics body and ASA.

I indemnify ASA, the provincial body, sponsors and organisers of any race against all and any action of whatever nature which may arise out of my participation and I agree that it is my responsibility to be medically fit to compete in any event.

**Next of Kin:** Name [Grid] Tel [Grid]

Date..... Signature.....

Signature of Parent/Guardian (Younger than 18yrs) Signature.....

Signature of Club Representative Signature.....

Signature and stamp of the Province Signature.....

**Welcome to the Athletics South Africa Family**